

# **HIV AND AIDS PREVENTION PROGRAMMES**

**How to increase quality of Prevention Programmes**

**Colophon:**

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# **I. Introduction**

## **I.1 Background**

As the HIV prevalence is still increasing, people often argue that this proves prevention programmes on HIV/AIDS are not effective. However, worldwide there have been several studies that show that certain methods are very effective. It is possible that without these projects the number of infections would have increased even more.

UNAIDS emphasises that HIV prevention needs long term investment. No quick fixes are possible. Changing behaviour takes time, and for this reason results will not be directly noticeable. Organisations that focus on prevention are not only struggling with the barriers they come across in the work field, they also have to continuously convince important others, such as governments and donors on the importance of HIV preventions. Governmental support is the first step to successful prevention programmes and without financial support, prevention programmes can not succeed.

STOP AIDS NOW! recognises the positive effects of prevention programmes and endorses the need to move forward and increase prevention programs in quantity and quality. STOP AIDS NOW! has, together with his partners, HIVOS, ICCO, CORDAID, AIDS FONDS, OXFAM NOVIB, started a research study on HIV/AIDS prevention projects in order to increase the quality of prevention programmes and maintain quality when upscaling programs. This report describes the findings of the study.

This report will provide advice for the direction of the *new SAN! development project*. However this paper could also be seen as a 'discussion paper'. In this first chapter we will describe the goals and (analysing) methods. The second is concentrated on the more quantitative data about the current prevention programmes. Chapter 3 provides the analysis on the quality of the existing prevention programmes of the SAN! partners. The final chapter contains the conclusion and recommendations. The recommendations give general suggestions for themes on which a development project on prevention could focus. These recommendations can serve as a starting point for discussions with the SAN! partners.

## **I.2 Goal and methods**

This study was conducted in order to gain a deeper understanding on how to increase the quality of HIV prevention programs. The study will result in advice for a new *SAN! development project*, which will start at the beginning of 2008. Information for this study is gathered from a) basic summaries of information (basic-info-sheets) SAN! partners keep on their local partners; b) in-depth interviews with the project officers of the SAN! partners; and c) the MBN evaluation report.

In order to understand how we can increase the quality of prevention programmes we look at both the quantitative and qualitative aspects.

### **Quantitative study**

UNAIDS explain that an important aspect of providing qualitatively good projects is understanding the dynamics of the epidemic within a region and to involve these characteristics within the programme. Different epidemics scenario's need their own approach. For this reason we will look at prevention and epidemic sort. We use the *basic-info-sheets* to answer these questions:

1. Where are prevention projects of partners situated?
2. What are the target groups of prevention projects and how does this distribution correspond to UNAIDS guidelines?
3. What issues are addressed within the prevention programmes in relation to the HIV epidemic?
4. How many prevention programmes are externally mainstreamed, and how many are done by integrated AIDS work?

## Qualitative study

To analyse the quality of the prevention programmes we have used the Intervention Mapping method to structure the analysis and develop the questions below. These questions are used as the framework for this report. Answers to these questions were found within the *basic-info-sheets*, in-depth interviews and MBN evaluation report.

1. How do counterparts deal with the principle of *involvement and participation* of target groups within the development of a programme and to what extent does this happen?
2. How can the quality of the *situation and needs assessment* developed by the counterparts be described?
3. How do counterparts manage with the development and formulation of health *goals*?
4. To what extent do counterparts make use of existing effective *methods on prevention*?
5. To what extent are *gender* issues involved within the development of the program?
6. How do counterparts deal with the *monitoring and evaluation* of their programs?
7. How can the quality of *collaboration* of counterparts with other organizations and with donor organisations be described?

## 1.3 Analysing methods

### Basic-info-sheets

Basic information about all projects of the SAN! partners are given on an A4 or A5 format (basic summaries). The purpose of these basic summaries is to have information available, a summary of important information of projects. Mostly it is for internal use only, however, Cordaid and Hivos have these basic summaries also placed on their website. For this study we identified 117 prevention projects<sup>1</sup>. All of these have a basic summary. This information is used to understand: Where these prevention projects are based (region and epidemic scenario), what project sorts are present in the different regions, what are the target groups of these projects, and what strategy or methods are used within the different regions. The different elements used within this quantitative analysis include:

<b>Epidemic sort</b>	Low concentrated	0- 0.5 % prevalence	
	Concentrated	0.5 – 1.0% prevalence	
	Generalized	1- 1.5 % prevalence	
	High generalized	5 – 15 % prevalence	
	Catastrophe	15 – 40 % prevalence	
<b>Project Sorts</b>	Mainstreaming HIV (prevention)		
	Integrated AIDS work		
<b>Target group</b>	Women	PLWH	General Public
	Youth	High risk groups	
<b>Issue</b>	Education (Voorlichting)/ Behaviour change/ Awareness		
	STI diagnosis		
	HIV testing (promotion)		
	Mother to child transmission		
<b>Method</b>	Gender – empowerment:		
	One way		
	Peer education		
	Training: Target groups		
	New media (radio/ tv/ computers)		

All projects were read and in one sheet it was indicated to which of the aspects above the project were related to. For the analysis it is important to note that the basic summaries provide only very basic information. The findings therefore can only give an indication.

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<sup>1</sup> SAN! partners have been asked to send basic summaries of prevention programmes (based on the criteria on page number 4) to SAN!. Some of these did not comply with selection criteria, therefore out of these basic-info-sheets, 117 have been included for this study.

### **In-depth interviews**

Out of the 117 projects (basic-info-sheet), 32 projects were selected for the in-depth interviews. Before every interview, all files of the specific projects were read. Two project officers from all partners (and three from Cordaid) were interviewed. Interviews took on average one and half hour. The interview questions had an open character, and questions were developed based on Intervention mapping. Interviews were held to gain information on the quality of the prevention projects.

It was planned to discuss all 32 projects. Due to time constraints this has not been possible. Together with the partners it has been decided that the interviews only focus on one of the projects. The project was then used as a starting point. Questions would not only address the specific project but would also address to 'projects in general'.

### **MBN evaluation report**

This report reviews the CFAs' response to the HIV/AIDS pandemic from 2001 onwards and assesses the effectiveness, efficiency, relevance and sustainability of the CFAs' assistance. Results described within this report are used for the analysis to examine the quality of the prevention programmes.

### **Intervention Mapping & UNAIDS report**

Intervention mapping (IM) describes a protocol for the development of theory and evidence-based health promotion programmes. It actually elaborates on the widely used PRECEDE/PROCEED model, developed by Green and Kreuter's. Using the steps as described by IM would increase the success of a programme. For the in-depth interviews we involved the different steps indicated by IM. Besides IM, UNAIDS also developed a checklist with key factors for a successful development of a prevention programme. These two approaches are very similar, but on some aspects is UNAIDS's report is a good addition to IM. For this reason we also involve this report (Intensifying HIV prevention, UNAIDSS policy position paper) within the analysis.

## **1.4 Selection criteria**

The SAN! partners were asked to select prevention projects based on one or more of the following criteria:

Strategy	Definition
Voorlichting (Education):	Voorlichting/ educational programmes in a one-way direction only, using flyers/ brochures/ lectures/ newsletters
Treatment literacy	
STI diagnosis:	Facilitating possibilities to early diagnosis and treatment of STI's
HIV testing (promotion):	Programmes that stimulate/facilitate testing possibilities
Mother to child transmission:	Programmes that are focused on prevention of Mother and child transmission
Gender – empowerment:	All programmes that are specifically focused on empowerment of women or address gender related issues (man and women)

After receiving the 'basic-info-sheets', 117 projects were explored as these would meet the described criteria. Of course it is very likely that more projects comply with the above criteria, however, for the purpose of this study we believe that it is not necessary to have 100% inclusion. It is also not possible, as people have different criteria on what prevention is. 117 projects could give an indication of prevention projects of the SAN! partners in general.

Out of the 117 projects, 32 projects were selected for the in-depth interviews. The basis for this selection has been geographical area, epidemic scenario and the target groups. In every area we selected two projects

for every target group. Furthermore we equally divided the projects amongst the SAN! partners. Important to note is that the selected projects are not a reflection of all projects or activities done by the SAN! partners.

### **Exclusion**

As there were fewer than 5 projects related to Mother to Child transmission and Treatment literacy, it has been decided to leave them out for further analysing. It is very likely that it has not been clear that these projects would also fall under prevention; otherwise more of those projects would have been involved. However, project on mother to child transmission or on treatment literacy are very important and need to be considered for future development projects

Furthermore it occurred that most projects in French speaking (Africa) or Spanish speaking countries (South and central America) were left out of the selection.

## **2 Analysis quantitative aspects of prevention projects of SAN! partners**

### **2.1 Background**

UNAIDS explain in their report, *Practical Guidelines for intensifying HIV prevention; Towards universal access, 2007*, that HIV prevention programmes need to respond to the characteristics of the specific HIV epidemic in the region or country they are situated. UNAIDS emphasises that knowing your epidemic is the basis for knowing your responds. The report gives advice on addressing target groups and specific issues related to the characteristics of an epidemic. For this analysis we will describe the results of this report and relate it to our own findings.

In this chapter we will look at four characteristic of the HIV prevention projects of the SAN! partners. Analysis is based on the basic-info-sheets of the projects. We will start this chapter with explaining the categories of the HIV epidemic and show how the selected prevention projects are divided over the different areas. Secondly, we move on to a description of the target groups in relation to the area. Thirdly, we focus on the issues of the projects. We will relate our findings with the results of the UNAIDS report. Finally, we will discuss the two different project sorts (mainstreaming HIV prevention or integrated aids works) in relation to the epidemic. Instead of the UNAIDS report, we will use findings from the MBN evaluation to address this matter.

The information gathered for this part of the study is derived from the basic-info-sheets. The information has been limited and within the in-depth interviews it was noticed that the described information was not always accurate, nor is it intended to provide all the information. The given analysis can only give an indication of the current situation; not all target groups of projects are described within the basic-info-sheets, only the main ones. The same applies for the issue of prevention project, only the main issue is given.

### **2.2 Epidemic sort and prevention project**

UNAIDS and WHO have categorized the HIV epidemic in different countries. The typology is based on the extent to which HIV infection is present and spreading in the population as a whole and on the level of HIV in sub-populations that are most vulnerable and at risk of exposure to HIV. STOP AIDS NOW! uses the same distinction. The following five categories can be made: Low concentrated (0– 0.5 % prevalence). Concentrated (0.5– 1% prevalence). Generalized (1–5% prevalence). High Generalized (5–15%prevalence). Catastrophe(15– 40% prevalence). The figure below shows the HIV epidemic worldwide. Most severely affected is southern Africa where HIV prevalence is rising above 20%. In course of this study we use these same categories.

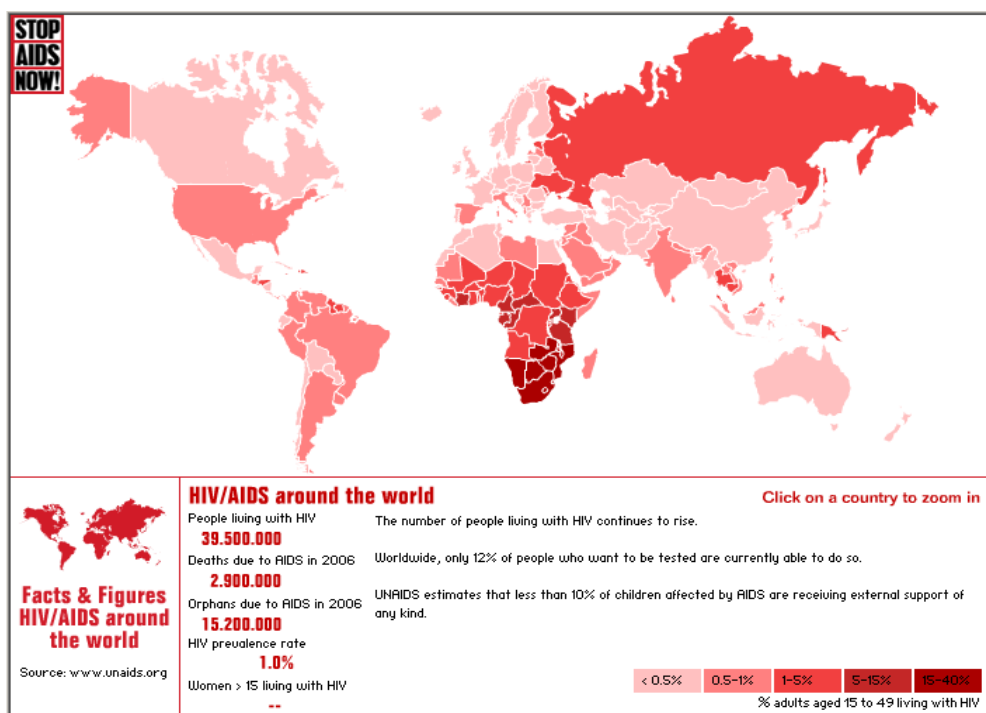


Table I shows all the selected prevention projects and the areas in which they are located. The HIV prevalence of two projects is unknown; one in Cuba and one in Burma. From these countries there is no data available. The table furthermore shows that most projects are located in Generalised, High generalised and Catastrophe epidemic scenario's. This segmentation is as expected as the SAN! partners and most development work is directed at poverty reduction. Poverty and HIV are strongly related.

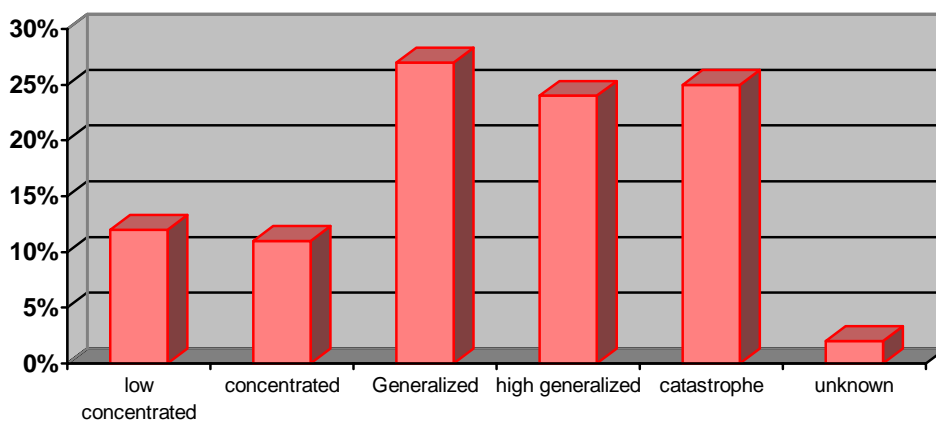


Table I. N= 116

**Prevention projects in absolute numbers**

Low concentrated	N = 14	Low concentrated	= 0 – 0.5 %
Concentrated	N = 12	Concentrated	= 0.5 – 1 %
Generalized	N = 31	Generalized	= 1 – 5 %
High Generalized	N = 27	High Generalized	= 5 – 15 %
Catastrophe	N = 28	Catastrophe	= 15 – 40 %
Unknown	= 2 (Cuba and Burma)		

### 2.3 Target groups and prevention projects

UNAIDS emphasises in their report how programme developers need to have an understanding of the nature and characteristics of their local epidemic. In their report they give clear indication on HIV epidemic characteristics and their related target groups. For this reason we focus on the question: *What are the target groups of current prevention projects and how does this distribution correspond with UNAIDS advice?* First we will describe recommendations by UNAIDS on addressing target groups, secondly we will present the outcome of the analysis, based on the basic-info-sheets of the prevention projects.

#### Prioritizing effective HIV prevention

UNAIDS guidelines on prevention describes that, first of all, in all epidemic scenarios there needs to be special attention towards women and girls due to their reduced access, lower power and autonomy in almost all regions. Furthermore, young people and people living with HIV and AIDS need priority.

Besides these three groups, the different scenarios have their own groups that need special attention. Within (low) concentrated scenarios one need to give priority to the higher risk groups.

In generalized epidemic scenario's, HIV prevention strategies should have, besides programmes for high risk groups (and women, youth and PLWH), also projects with a broader approach to reach all segments of society. In high generalized and catastrophe epidemics, all of the above need priority, but especially adult men and women become top priority. All sexually active adults in these situations are at risk.

#### Current prevention projects

Table 2 shows the different target groups of the prevention projects within epidemic scenario's. Most remarkable is that the attention to high risk groups decreases when prevalence increases. Of course, it is understandable as in concentrated epidemics the number of HIV infections are the highest amongst the high risk groups. However, the attention to high risk groups should also stay high in those countries where the HIV infections have increased. Secondly one notices the attention to women in low concentrated epidemic scenario's is not so high. It seems logical that in concentrated areas projects are more focused on the high risk groups, however, as poverty and gender seems to be the most important aspects influencing HIV/AIDS, we can wonder if we should not increase attention towards women, also in the more concentrated areas. The attention towards young people stays almost the same in the different scenarios. The special attention towards PLWH does not seem to be very high.

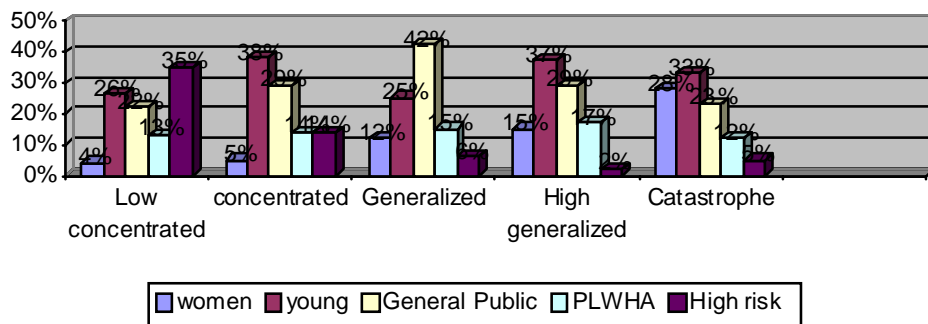


Table 2, N= 116

#### In Summary

UNAIDS give in their guidelines on prevention clear information on who needs to be the target of prevention programmes in the different epidemic scenarios. Women, young people and people living with HIV and AIDS need to have priority, regardless of the differences in epidemic scenarios. The presented table indicates that high risk groups need more attention within the generalized epidemic scenarios and furthermore women need more attention within low and concentrated area's. Finally, it can be said that the attention towards PLWH can be increased in all settings.

## 2.4 Issues for prevention

Besides addressing specific target groups within different epidemic areas, UNAIDS provide advice on the different issues which need to be addressed in the different regions. In this paragraph we focus on the question: *What issues are addressed within the prevention programmes in relation to the HIV epidemic they are situated in?* We start with a description of the UNAIDS report on priority issues, and from there we show the issues addressed by the prevention projects of the SAN! partners.

### Prioritizing effective HIV prevention

In concentrated epidemic scenarios HIV prevalence is high amongst certain sub-populations, such as MSM, drug users or sex workers (high risk groups). Within concentrated scenarios the virus is not spread to the general population. A high priority within countries with a concentrated HIV prevalence is to conduct research to understand the epidemic in its specific context.

Furthermore it is indicated how programmes focused on STI treatment, are more effective in reducing HIV spread if implemented in recent epidemics.

In generalized epidemics HIV prevalence is high amongst the general population. A majority of new infections occurs within the general population. Most at-risk groups are also still at risk for HIV infection, however; new infections are due to behaviours of relatively low-risk populations, such as unmarried people, married women and men. In these areas UNAIDS advises to emphasise nationwide promotion of behaviour change, including condom use, delayed sexual debut, and partner limitation, together with stigma and discrimination and gender equality. Also, expanded access to HIV counselling and testing and collaboration with sexual reproductive health services are important.

In the areas where HIV prevalence is so high, that one speaks of a *Catastrophe scenario*, all the above is needed, but efforts to mobilize the whole community are vital. Secondly, UNAIDS underlines the importance of positive prevention. Attention is needed on how to remain well and to reduce onward transmission of HIV.

The UNAIDS guidelines explain that HIV prevention will not be effective in any type of epidemic unless steps are taken to reduce stigma and discrimination. Also, as mentioned in the previous paragraph, HIV prevention and HIV counselling for people living with HIV is very important in all settings, even more so in generalized and catastrophe scenarios.

### Current prevention projects

Table 3 shows prevention issues addressed within the selected prevention projects of the SAN! partners. First of all, we see that stigma and discrimination are given attention. However, they do not, as UNAIDS suggests, get high priority in all epidemic scenarios.

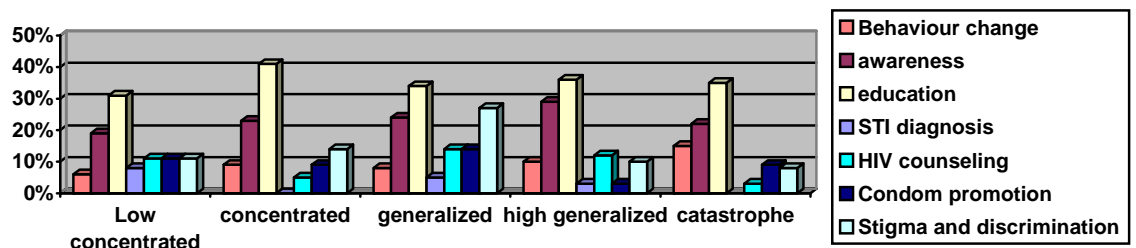


Table 3, N=116

UNAIDS emphasises how STI treatment is especially useful in low and concentrated epidemics. As one can see from the table, STI diagnosis appears to be provided within low concentrated areas, but not within concentrated scenarios. The UNAIDS report does not give an indication on behaviour change, awareness or educational programmes. Educational programmes seem to have the most attention.

**In summary**

Within the guidelines provided by UNAIDS it is explained how stigma and discrimination need priority within prevention programmes. Besides this issue, it also emphasises that STI treatment is needed within the early stages of an epidemic. The table shows how the latter still needs more attention. The table shows how educational programs seem to have the most attention.

**2.5 Project strategy and prevention projects**

The UNAIDS report gives clear advice on how to respond to the different epidemic scenarios. However, it does not give guidelines on the different sort of prevention strategies. We make a distinction between Integrated aids work (Interventions directly focused on HIV prevention and AIDS care) and Mainstreaming AIDS (Adapting programmes to take susceptibility and vulnerability to HIV transmission and impact of AIDS into account) (Holden, 2003). In this paragraph, we will focus on the question: *How many prevention programmes are mainstreaming AIDS, and how many are done by integrated AIDS work organisations?* We have included this question as it is explained in the MBN report that a difference in quality between these strategies exist. Furthermore, also within the interviews with the project officers, these findings are confirmed. In this paragraph we further explain these findings, and will present how the two strategies are almost equally divided within the different epidemic scenarios.

**Quality and project strategy**

The MBN evaluation report underlines that the quality of integrated aids work is high. However, when HIV is mainstreamed by an organisation, it is important that they collaborate with organisations that are specialists in HIV or that have gained the capacities to work on HIV prevention programmes themselves. The latter requires a lot of training and follow-up training. The prevention projects within this study have been selected based on the basic-info-sheets. Based on this limited information, we question whether or not the quality of these external mainstreaming programmes is sufficient.

**Current prevention projects**

Table 4 shows the prevention projects and the two different projects sorts in certain areas. The table shows almost an equal distribution of both strategies. Only where the HIV prevalence is the highest, the amount of external mainstreamed projects is more than the specialist HIV/AIDS prevention projects.

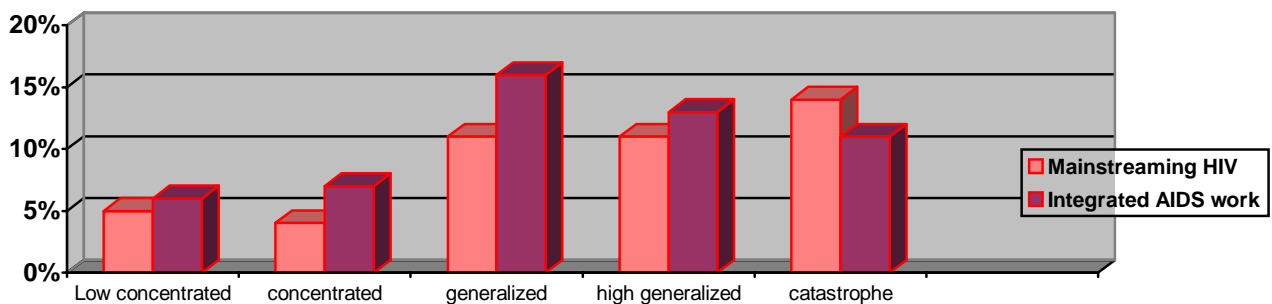


Table 4. N= 116

**In summary**

The MBN report, project officers and the basic-info-sheets point out the possible lack of quality within the mainstreamed HIV projects. As the data informs us that the two projects strategies seem to be almost equally divided, this could be a cause of concern. Further research will be needed to understand the differences in quality. In future work it is advised to focus on increasing the quality of externally mainstreaming HIV within organisations, through capacity building or increasing collaboration with organisations that can provide quality within projects.

### 3 Analysing the quality of prevention projects

#### Introduction

In this chapter we will analyse aspects related to the quality of prevention projects. We will use findings from the UNAIDS prevention report, Intervention Mapping protocol, MBN evaluation, and most importantly, in-depth interviews with the programme officers of the SAN! partners. The *basic-info-sheets* have not given enough information to be used for this analysis. Aspects of the intervention mapping protocol are used as framework for this chapter.

In the first paragraph we focus on involvement and participation, secondly we move to the quality of the situation and needs assessments done by the counterparts. These are the starting point for the development of objectives. After analysing how counterparts manage to formulate clear objectives we move on to the methods used, gender issues and monitoring and evaluation. The final paragraph focuses on the collaboration between counterparts and the donor organisations. In chapter 4 we discuss the overall conclusion and give our recommendations.

#### 3.1 Involvement and participation

The quality of prevention programmes is related to the level of involvement of relevant others and participation of the target group. In this paragraph we will address the main question: *How do counterparts deal with the principle of involvement and participation of target groups and relevant organisations within the development of a programme and to what extent does this happen?* We will firstly explain the relevance of involvement and participation of others. Secondly, we will focus on the outcomes of the interviews with the policy officers and report their reflections on how counterparts deal with the principle of involvement and participation.

#### Relevance

Involving target groups and professionals from different disciplines is, according to the Intervention Mapping protocol, one of the essential steps within the development of a prevention programme. UNAIDS also calls for participation of key affected communities. Programmes that are developed behind the desk of programme planners are less likely to be effective than programmes that are developed in close collaboration with the users and beneficiaries. UNAIDS explains that projects will not only receive more support when involving people from different disciplines, the quality will also increase, because expertise from different settings are put together.

Involving the target group also increases success because the project will be more related to the perception of the target group. Furthermore, UNAIDS describe how a key factor for successful prevention programs is the notion of a comprehensive programming. Programs need to be offered to individuals and communities and in a multi sectoral approach. The importance of engaging all relevant sectors needs to be recognized. Programs should link to poverty reduction strategies and include a broader focus on sexual health. It needs, furthermore, to include appropriate sexual education, drug related education, and linkages with existing programmes in all sectors. UNAIDS gives special attention towards involvement and collaboration with sexual reproductive health organisations. *“Both HIV and sexual reproductive health are driven by many common root causes and stronger linkages between them will result in more relevant and cost effective programmes with greater impact.”* (UNAIDS, 2007). The MBN report concludes that more collaboration between counterparts is required for the success of prevention. *“As the impact of prevention activities funded over the years is not obvious, it should be recommended that all prevention activities by CFAs and counterparts have to be intensified in scale. According to the evaluators, prevention in an HIV/AIDS context needs collaboration between donors and civil society organisations, and therefore, CFAs should consider pooling their funds for prevention and becoming more important and long-term committed players together with all their counterparts in prevention campaigns at national or regional level.”*

#### Reflections

Within the in-depth interviews it became clear that the level of involvement and participation differs greatly. Within some projects the target group plays a very significant role and different organisations take part in the

development phase. For instance, district health offices, education offices, district AIDS commissions, specialist organisations, hospitals, churches, church leaders and community informal leader. Even though there are some excellent examples of counterparts working together with other programmes, many organisations still have difficulties to do so. Also the MBN report describes that collaboration was often lacking. *“The evaluators could notice that not often grass root organisations are linked to national and international networks/organisations, although this linking could contribute to a mutual enhancement.”*

The different programme officers have given their views on how counterparts deal with involvement and participation. Five main elements come to the fore: capacities, amount of target groups, isolated areas, external mainstreaming HIV and challenges of collaboration with faith based organisations.

- **Capacities & competition**

Project officers have explained that if an organisation is willing to involve target groups or people from other organisations or institutions this strongly depends on the capacities of one person. Most often this is the director of the organisation. These capacities are for example; *“Strong communication skills, having a network, seeing networking as a priority, have a certain amount of integrity and you need to be a professional in order to get ‘a name’. Other organisations need to be able to trust you and also want to share with you” (Oxfam Novib)*. A problem can occur when this person leaves the company. This dependency on one person makes an organisation rather fragile. Furthermore, it is mentioned that organisations feel competition with others and therefore simply resist collaborating with others.

- **Different target groups**

Some project officers explain how involving the target group is not always easy, especially when a programme is focused on several target groups. It takes too much time to involve all of them within the process. This mostly happens in areas where there is a concentrated epidemic or in rural areas. In both situations there are sometimes no other organisations present who work in the same field.

- **Isolated areas**

Furthermore, it is mentioned within the interviews that organisations in more isolated areas sometimes would have less experience and therefore can find it difficult to involve hard-to-reach target groups, such as sex-workers. Besides, in these isolated areas it is often difficult to find other organisations to work with.

- **Quality of external mainstreaming of HIV**

It is explained by one of the project officers that organisations that do not have prevention of HIV/AIDS as key activity do recognise that prevention of HIV/AIDS is needed in their area. Instead of working together with organisations that are specialists on prevention of HIV/AIDS, they, for instance, develop flyers or start sending out prevention messages themselves without having the actual capacity to do so. It can be difficult to provide quality within prevention programmes, when there is a lack of capacity. *“When sending out the wrong message a programme can do more harm than good” (Cordaid)*. Also other project officers express their concern regarding the quality of external mainstreaming. *“External mainstreaming of HIV has a lot of positive aspects, but I worry about the effects of these projects. Specialist knowledge is needed for HIV prevention. Good collaboration with other organisations seems to me as a better solution. This should be improved. The first step for external mainstreaming is internal mainstreaming. Organisation first of all need have awareness; otherwise there is no point in doing so. Organisations must start with themselves.” (Oxfam Novib)*. Prevention activities might seem easier than they are. The MBN evaluation report shows similar findings; *“...external mainstreaming has been felt by counterparts as a difficult exercise that needs careful knowledge-management and further support and funding.”*

- **Faith based organisations**

Most programme officers mention that it is necessary and important to work together with faith based organisations. Unfortunately, it is also perceived as one of the bigger challenges. For example a project in Madagascar is focused on sex-workers. They are now starting to work together with a local faith based organisation but they are expecting problems to occur. The local church is prejudiced towards the sex-workers. According to Cordaid, the next steps are to determine how the role and the position of the church can be improved when it comes to prevention. First of all there is a lack of knowledge amongst local priest on prevention. Currently there is no curriculum for priests. *“There are no materials available for the local church*

leaders; they have not had lessons on HIV/AIDS. The A and B method is not sufficient. It does not appeal to people and does not explain to people how they need to take their responsibility". (Cordaid) Instead of emphasising the discussion about condoms, one needs to move beyond this issue and focus on the aspects on which faith based organisations can have a positive influence. HIVOS explains that its policy is that it does not approve any proposals from church based organisations. This would conflict with their humanistic background. However, they also underline the necessity for more collaboration in the South. It can happen that in a certain area, two different organisations are present, one is faith based and the other not. These two send out different messages to the public. This can and has caused problems.

### **In conclusion**

It is commonly accepted that involving relevant organisations and the target group within a programme is crucial for the success of a programme. Integrating HIV prevention within an organisation that has a different core business, such as reproductive health services, can contribute in upscaling the coverage of HIV prevention. The challenge is to maintain quality within these externally mainstreamed HIV programmes. However, the programme officers report that, for many organisations, it is often difficult to collaborate with others. How organisations deal with the principle of involvement and participation depends on: capacities within organisations; amount of target groups one tries to reach; areas where organisations are situated; and willingness to collaborate. Sometimes the latter is not present, due to feelings of competition or perhaps not seeing the necessity of collaboration. Finally, collaboration with faith based organisations is mentioned as a challenge, as different background or life philosophies would prevent cooperating together.

We believe that to increase the capacities of organisations, first of all by internal mainstreaming HIV or secondly with a focus on improving networking and communication skills, it is possible to overcome many of the raised issues. Besides networking skills, one can focus more on themes such as: networking with isolated organisations and collaboration and communication with faith based organisations.

## **3.2 Situation and needs analysis**

A situation and needs analysis of a community, target group or population can be seen as the starting point for the development of a programme. In this paragraph we will describe the relevance of such a needs and situation analysis, but moreover we address the main question: *How can the quality of the situation and needs assessment developed by the counterparts be described?* This paragraph starts with an explanation of the relevance of such an analysis according to authors of intervention mapping and UNAIDS. Within the reflection, the findings of the interviews are represented.

### **Relevance**

According to Intervention Mapping protocol, the next important step within the development of a health prevention programme is a situation and needs analysis. Before organisations start developing the actual programme, it is important to assess the (health) problem, the related behaviour and environmental aspects. Situation and needs analysis describes the current situation of a specific group and its context. With this analysis health planners get to know and understand the context, the starting point for the development of the programme. Within the situation and needs analysis, also cultural aspects need to be taken into account. UNAIDS explains that integrating surrounding cultural norms and beliefs is a key factor for prevention. *"HIV prevention must be tailored to respond to the norms, practices and beliefs that hamper HIV prevention. Simultaneously, those norms, practices and beliefs that potentially can support HIV prevention need to be fully harnessed"* (UNAIDS, 2007). The MBN evaluation report explains how it is perhaps not essential or necessary to have a systematic needs assessment. It is described within the report how organisations all aim to take needs into account of PLWHA and affected households, not based on such an assessment, but based on daily practice and experience. *"All generalist programmes visited have responded to the HIV/AIDS epidemic adopting or modifying their programmes to the needs of the beneficiary."*

### **Reflection**

Besides UNAIDS and the developers of Intervention Mapping, also all the programme officers endorse the importance of a solid situation and needs analysis. However, most officers indicate that the quality of the

analysis as described within project proposals is not very high or could be improved. None of the officers mentioned that perhaps a systematic needs assessment would not be needed. It is explained that for evaluation purposes and monitoring the quality of projects, a needs assessment is important.

- **Capacities**

Reasons for these differences can be found within the capacity of an organisation. HIVOS for instance works a lot with organisations seen as 'weaker'. It is explained how these organisations can grow through the years, this would be a slow process but necessary to go through. One of the projects in Ecuador which started as 'weaker' organisations is now being linked to an organisation which has more capacity when it comes to writing a situation and needs analysis. Secondly, it is mentioned that it is also a very difficult process to give a good description of a situation on paper. It needs certain skills from an organisation, which are sometimes not present.

### **In conclusion**

According to the theory of Intervention Mapping, UNAIDS and the programme officers, a systematic needs and situation analysis is needed. In practice however, it is often difficult for organisations to do so. Perhaps it does not automatically mean that they do not know the context. Very likely organisations do address the needs of target group but this is more based on the daily practices. However, project officers indicate that situation and needs analysis can be improved, which could indicate a lack of quality.

Capacity building would be needed for counterparts to increase the quality of situation and needs analysis. For future steps it can also be a solution to continue with linking the weaker organisations with the more capable ones in a systematic way. Secondly it can be advised to start the linking in an early stage.

### **3.3 Objectives**

Especially the Intervention Mapping protocol gives clear guidelines for programme developers how to formulate and develop health goals. These steps are very important for the quality of the programme, for this reason we also focus on the question: *How do counterparts manage with the development and formulation of health goals?* UNAIDS nor MBN evaluation report refer to the formulation or development of objectives. Perhaps the reason for this is that it is a more technical and rather detailed aspect of a programme. Within this paragraph we first describe the relevance according to Intervention Mapping, and secondly, the experiences of the programme officers.

#### **Relevance**

When developing a prevention programme it is, according to Intervention Mapping necessary to describe clear objectives. The formulations of these objectives are a) for evaluation purposes but also b) important for the decision on what method one is going to use. The choice for a certain method is derived from the formulated objectives. Intervention Mapping describes a very logical process for the development of objectives, and we can make a distinction between objectives on different levels. This first one is the formulation of the *general health goals*, such as reducing HIV infections within a certain area. The second objective would be related to *the behaviour outcomes*, for example, the most effective way to prevent STIs and HIV infection is to use a condom every time people have sexual intercourse with every partner. The third objective is connected to the *multiple risk factors*, such as, increase communication skills or change the attitude towards condoms. And finally, objectives related to *environmental aspects*. These would, for instance, relate to the presence of condom machines, or improvement of counselling facilities.

#### **Reflection**

There are some projects which have written very clear objectives. These projects show furthermore very positive and solid evaluation reports. However, the project officers indicate that many projects do experience difficulties with the formulation of the objectives on these different levels. These aspects are further explained.

- **Steps missing**

Within the interviews and viewing the proposals it comes to the fore that counterparts often struggle with the formulation of goals. Most often the general health goals are described, but behaviour outcomes are not formulated or multiple risk factors are not described in details. The general health goals are sometimes used as starting point for the decision on what method one will use. On paper there seem to be steps missing in this decision making process. However, of course, it is very well possible that the described process is being done, however, it is not formulated within the project proposals.

- **Not for evaluation purpose**

One project did describe their objectives on the different levels, however, the objectives were not usable for evaluation purposes. The project officer explained that this specific project manager did receive training on monitoring and evaluation, and therefore was able to describe the objectives on all levels; however there has not been a follow up on the training. And even though the person was one of the better participants, it was not possible for him to develop the objectives in a way one can actually use them for evaluation purposes.

- **Gap between theory and practice**

Describing objectives on these different levels is a very difficult process. Programme officers explain how it will be a challenge to develop a tool which can help the counterparts in formulating -on a simple manner- how they can develop objectives for their projects, so they can also monitor it themselves and therefore increase the quality.

### **In conclusion**

In the above it is explained that within the formulation of objectives there are sometimes steps missing, objectives formulated in a way it is not possible to evaluate them and finally it is said that there is a gap between theory and practice. Counterparts find it difficult to manage with the development and formulation of health goals. However, of course there are also some very good examples of counterparts who do not find it difficult to develop objectives in such a way one can justify the steps made and use them for evaluation purposes. Some of these project examples are attached.

The most obvious solution is to increase the capacity of counterparts. Secondly, programme officers have mentioned that sometimes they do not have enough time to assist counterparts with the development of their proposal. Perhaps donor organisations need to invest more time in the development phase of project proposals and assist the counterparts with this.

## **3.4 Using theory and effective methods**

For good qualitative prevention programmes it is crucial to use theories and make use of already effective methods. In this paragraph we will examine to *what extent counterparts make use of existing effective methods on prevention*. The reason why organisations do not make use of existing methods will come to the fore in the reflections of the programme officers. We will also focus on challenges within upscaling of effective methods. We start with addressing the assumption that prevention has not been effective, as the HIV prevalence is still increasing. Then we continue with an explanation of the relevance of using theories and effective methods.

### **Relevance**

As HIV prevalence is still increasing, people often argue that prevention is not effective. We want to discuss and refute this argument. First of all, it is possible that without prevention activities HIV prevalence would have been even higher. Secondly, many believe that we can only see the effects of the prevention programmes in a few years time. *“It is a long process, the programmes are getting better and we also start to document things better”* (Oxfam Novib). Last but not least, worldwide there have been several studies which show that certain methods are very effective, but these effective methods are not widely implemented. Upscaling and implementing effective methods worldwide is the challenge we are now facing.

The Intervention Mapping protocol mainly focuses on the quality of projects, whereas UNAIDS merely emphasises the importance of upscaling. We believe that attention to both needs to exist. The authors of

Intervention Mapping explain how theories are extremely important for developing effective intervention programmes. Organisations can fail when not using a theory-based approach. For instance, some schools invite ex-drug users to inform their students about the dangers of drug use. Two mistakes are made with this approach, first of all the messages to the students is that even though one has used drugs, you can still have a successful job (teaching students). Secondly, the most important determinants of drug use are: decision making skills, skills to resist peer pressure and self efficacy.

UNAIDS explains in their report how current HIV prevention programs are in scale insufficient. Scaling up is essential and maximum coverage is needed in order to slow down and stop HIV epidemic from growing. The MBN report also addresses the same issue of upscaling but has linked this to quality as well. They explain how counterparts are confronted with several challenges, one of them is to intensify and optimise prevention activities and make them more effective.

### **Reflections**

Programme officers explain that there are definitely good examples of effective methods or effective projects, however, they also indicate that the quality of many prevention programmes needs improvement. Other officers explain that they themselves are not aware of the existence of effective methods. Finally, it is said that especially prevention projects that carried out by generalist organisations, lack quality. Here are reasons why using effective methods or theory-based approaches is difficult:

- **Lack of knowledge**

One of the reasons for not working with effective methods is that there seems to be a lack of knowledge about these methods. Counterparts in the South often develop their own programmes instead of using existing methods. It is mentioned that especially larger organisations prefer to develop their own programmes instead of collaborating with others; this would be related to feelings of competition. Also some project officers of the SAN! partners indicate that they are not aware of effective methods. Most often programme officers are generalist, and the question arises if it is realistic to expect them to know about effective HIV prevention methods.

- **Availability of materials**

Some very practical reasons which have been mentioned are, for one, the availability of materials in different languages. For instance, a project officer who works with counterpart in Madagascar explains how materials are only available in English. Besides language, it is also mentioned that often, especially in the more rural areas it is difficult to download materials from the internet, and for that reason they would not have as much access to best practices as they would like to have. Finally, it is mentioned that in many southern countries there is not a high reading-culture as we have in the North. Communication about the evidence-based and best practices would for these reasons best be done through alternative media.

- **Lack of monitoring methods – upscaling**

One officer explains how, for instance, the training of peer educators is one of the methods that is seen as very effective when it comes to prevention. Important is however, to keep the quality within the process of upscaling. The challenge is how to monitor such upscaling processes. There is no method available. *“Instead of training 40 people, there are now 1000 peer educators within a programme. How to ensure the quality of these trainings is difficult and a new challenge”* (Oxfam Novib).

### **In conclusion**

We can say that there are effective methods being used, however this use is not consistent. Most project officers explain how there is a lack of quality within prevention programmes, due to lack of knowledge, materials or monitoring methods. For the future it is clear that capacity building on (using) effective methods is needed for the counterparts and also for the SAN! partners. Secondly, alternative methods on how to communicate best practices or effective methods to counterparts in the South is needed. Finally it is said how the quality within upscaling of prevention programmes needs to be monitored. A lack of monitoring tools for such a process exists. Perhaps it will be interesting to examine also more quantitative data: how many programmes use effective methods? If we measure such aspects we can monitor the process of upscaling and its effect.

### 3.5 Gender and mainstreaming

Poverty and gender are the two most important aspects related to the increasing HIV epidemic. For this reason gender is an important element within the development of HIV prevention programmes. All SAN! partners have gender high on their agenda, and therefore it is important to understand to what extent gender issues are involved within the development of the program. We start to explain the views of IM, UNAIDS and describe what has been written in the MBN evaluation report. Within the reflections of the programme officers the issues of expectations of counterparts, and involving men and opinions on mainstreaming HIV are described.

#### Relevance

Intervention Mapping does not explicitly describe how gender could be involved within HIV prevention. Intervention Mapping can also be used to address other health related issues. However, IM does emphasise that the context needs to be taken into account. Poverty and gender issues are seen as the most important causes for the HIV epidemic, and for this reason it is obvious that gender needs to be targeted within HIV prevention. UNAIDS explains how involving gender norms and relations is a key factor for successful prevention programs to reduce the vulnerability of women and young girls. UNAIDS furthermore explains that it is essential to include men, as they often control women and girl's vulnerability to HIV. Norms in society would often be of influence on men's sexual risk behaviour, which brings their health at risk. Men, like women, are influenced by gender norms. These need to be changed and challenged. Also within the MBN report the importance of involving men is explained. However, they clarify that this is still a challenge: *"...However, many of the organisations do not seem to reach men to discuss responsibility, attitudes and male sexual behaviour."* The MBN evaluation report even so mentions that projects need to increase their attention towards Gender. *"Amongst others... an effective tool would be to strengthen and support more women's organisations and to support, in particular, the gender policies of the counterparts bringing them to challenge the behaviour of men and women in an HIV/AIDS context."* The reflections of the programme officers will describe how, besides success stories, it is still a problem for organisations to involve gender issues within their programme.

#### Reflections

There are some very successful projects addressing gender aspects, such as the Girls Empowerment project or projects using the WASN Model (Oxfam Novib). However, other project officers indicate that even though it is high on the agenda, often it is difficult for organisation to actually involve gender aspects within their programme or to focus on men within the programmes. Others emphasise the difficulty that most gender projects are related to women instead of involving men. The following issues and discussing are of relevance with regard to this subject.

- **Many mainstreaming-activities**

A reason for the struggle of some organisations to involve gender within their programme or even policies is that organisations need to mainstream many different aspects: HIV, gender and also disaster-risk-reduction is sometimes on the agenda. Ideally, all will be mainstreamed. It is said that development work is going towards a more business-style organisation due to these mainstreaming processes. Organisations have a complete check list of: Monitoring, HIV/AIDS policies, gender policy, and finance. The problem for some would be that if one were only to include organisations capable of successful work on all these processes, one would exclude very good organisations that perhaps do not necessarily have everything written down.

- **Lack of documenting gender processes**

Some project officers explain that, although counterparts may not have written in their evaluations about gender, often organisations do a lot with this issue. Also, the quantitative analysis of prevention programmes of the counterparts shows that there are many programmes present focused on women. Perhaps we can conclude that this group does receive attention and even though the content is not always documented, it does not mean that nothing is done.

- **Addressing men and boys**

Prevention programmes often target women and girls, but men are often difficult to reach. Cordaid explains

how they worry more about the men. “Women are less afraid, they show up with prevention programmes, unfortunately the men, they hide themselves.” (Cordaid). It seems another challenge lies within targeting men when it comes to gender mainstreaming. A good example of targeting men within the issue of gender is TAI project in Kwazulu Natal, South Africa.

- **Mainstreaming gender or mainstreaming HIV?**

A final aspect which is mentioned is that instead of having a HIV prevention programme where gender is mainstreamed it should be the other way around. As poverty and gender are the most important factors influencing HIV infections, HIV should be imbedded within poverty and gender programmes. A main problem with this reasoning would be that the quality of HIV prevention programmes, when (externally) mainstreamed, seems to be poor. When for instance a food security organisation starts to also do HIV prevention activities, they do not necessarily realize how they need to do this. The message one gives can, if doing it wrongly, do more harm than good.

### **In conclusion**

The opinions of the programme officers differ on the issue of whether gender needs to be mainstreamed within prevention programmes. Some explain that organisations have many issues to mainstream, and therefore gender is not fully mainstreamed. Others explain that organisations do involve gender issues, but the problem would be more in documenting the activities. Finally, most officers do agree that the challenge is to involve men and boys. Perhaps a solution is to increase the communication about successful projects which do address men and boys. The discussion whether or not it is HIV or gender which needs to be mainstreamed needs perhaps more attention, and be discussed on a higher, more political level.

## **3.6 Monitoring and evaluation**

If we want to know what programmes, methods and theories are effective, if we want to gain more knowledge on effective programmes, and if we want to know how effective a developed or implemented programme is for the target group, we need to monitor and evaluate. In this paragraph we therefore focus on how counterparts deal with the *monitoring and evaluation* of their programs. After explaining the relevance of evaluating we describe the outcomes of the interviews with the programme officers.

### **Relevance**

Intervention Mapping underlines the importance of monitoring and evaluation (M&E). This is the case, first of all because M&E is a method to understand the effects of a project. Secondly, it is also to provide feedback to improve the developed programme. A last reason is that with an impact evaluation, one can generate knowledge. Authors of IM explain that in their experience successful programmes tightly monitor the implementation and outcome of their programme, so they can adjust and improve the activities to have optimal effect and to ensure the quality. Many project officers have explained how the quality of prevention programmes is not high enough. For instance it is said that we still do not know enough of the effects, and this would be related to a lack of monitoring and lack in evaluating on qualitative aspects. UNAIDS indicates how research and therefore evaluation is a key factor when it comes to successfully prevent HIV and AIDS. They describe how continuity in investment is needed in research that expands the evidence based for prevention.

### **Reflections**

Organisation sometimes have an external consultant to evaluate the programme, but only if the costs are, for instance, above 500.000 euro's. It is explained that most HIV prevention programmes do not come above this amount. Monitoring and evaluation is therefore done by organisations themselves or by the donor. There does not seem to be a consistent way in monitoring and evaluation activities, mostly because the levels of organisations in the South differ greatly. Some projects show exceptionally good evaluation programme reports, whereas others hardly evaluate. The programme officers have given indications where the problems lay within the evaluation of programmes. The following aspects were discussed:

- **Poor baseline**

Often projects start with a poor baseline. There is no knowledge or information about the current situation. For this reason they cannot make a comparison. Project officers explained that, ideally, they would be able to assist the counterparts better on this matter. However due to a lack of time and finances this is not always possible.

- **Attention towards quantitative measurements**

Another issue is the trend towards quantitative measurements. It is explained how funding organisations, such as the Global Fund, emphasise the importance of quantitative outcomes. Counterparts realise that they will receive more funding if they can show more results. This way of working does not motivate organisations to look more closely at qualitative indicators. Instead of knowing that 1000 people have been trained, programme officers would rather know what participants have gained from the training, and what the effects are in relation to safer sexual behaviour.

- **Lack of qualified personnel - volunteers**

It is said, furthermore, that a problem occurs within monitoring. Often projects work with many volunteers. They do not have the capacities to do the monitoring properly. However many organisations would need to depend on them for this process.

### **Conclusion**

In the above it is described how counterparts deal with monitoring and evaluation of their programmes. It seems that there are some excellent examples, but the quality is not as high in all programmes. Projects would start off with a poor baseline, and the focus would be on measuring quantitative data and the qualitative aspects would be forgotten. Finally, due to a lack of personnel, organisations often work with volunteers, who do not have the capacity to do the M&E of a programme.

To increase the quality of prevention programmes, we believe it is necessary to increase the capacity of counterparts on M&E aspects. Perhaps some simple new M&E tools can assist organisations with this issue.

### **3.7 Position of the donor**

In this final paragraph we will address the relationship between the donor organisation and the counterpart. Within the development, implementation or evaluation phase of a programme the question arises regarding the position of the donor organisation in relation to the counterparts. *To what extent do donor organisations provide advice, and are counterparts obligated to act on the advice? And Who is responsible for the quality of the prevention programmes?* In this paragraph we will discuss the opinions on directing counterparts. Secondly, we discuss opinions on the responsibility of the quality within prevention programmes.

#### **Creating ownership**

All organisations have minimum requirements that counterparts need to fulfil or address. But requirements are not always met. To what extent the programme officer provides advice or actually interferes and counterparts are obligated to act on the given advice depends on the view one has on creating a 'feeling of ownership' on the part of the counterpart. Different opinions exist about to what extent one needs to direct counterpart with the development and implementation of projects.

Most project officers emphasise the importance of feelings of ownership by their counterparts. The reasoning behind this is that projects will only have success if there is sufficient support in the South. However, some officers have indicated that, because of this reasoning, they would, for instance, not interfere when a counterpart develops a programme themselves, instead of using materials which are developed by others. This would increase the feeling of ownership. The fact that one would 're-invent the wheel' is subordinate to the concept of ownership.

Some officers emphasise the importance of delivering qualitatively good projects, and if needed, this would go together with strong interference within the development process. An officer from Oxfam Novib explains that Oxfam works mostly with organisations seen as being already more capable than others in providing

qualitative good programmes. Even so, when starting with a new organisation they seem to strongly influence and direct these organisations. Together with their (new) partners, they discuss a risk and strength analysis and set targets. If necessary, the programme officer indicates if more capacity building is needed. Sometimes, organisations are even obligated to work with an external consultant, one which is selected by Oxfam Novib.

Others indicate that they wish they could give more advice or have stronger supporting role as donor. A project officer from Cordaid indicated that if they would have more time and if there was more funding available, they could give more attention to the counterparts, for one with the development of a proposal. *“Perhaps we even have too many relations in the South, and we can therefore not provide the assistance the counterparts perhaps need.”*

A different officer from Cordaid explains that sometimes when organisations are very weak they, as a donor, can have a more directing role. But the officer does believe that this is not in line with the way they would like to work, as interfering too much is not positive for the learning curve of a local organisation. The officer would like to formulate a clearer vision on the position as a donor. *“Organisations in Congo are very weak. We are now actually doing their work. It is just that it has to be done. The risk exists of course that we take away some of the learning process, due to this dominant position we take in. We need to develop a clear vision on this, as we need to make sure we do not suffocate our partners”* (Cordaid).

Of course, the different opinions do not stand opposite each other, project officers who emphasise ownership do also emphasise quality and the other way around. However, differences in opinion on how to direct counterparts exist. Perhaps it is time to re-view and discuss the position of the donor organisations.

### **Shared responsibility?**

Most officers agree that the quality of prevention programmes is not always sufficient and can be increased. For instance, organisations find it difficult to involve others within their programmes, sometimes struggle with providing a clear situation analysis or formulate objectives which are solid, and effective methods are used as much as possible. The question arises: who’s responsibility is it to ensure quality of prevention programmes? And for instance, who needs to be aware of existing effective prevention methods?

An officer explains that it is not possible for them to know all about HIV prevention programmes. Programme officers have often many different programmes to address, and cannot be expected to know everything on all themes. Often programme officers are generalists. The capacities or their experiences with effective methods of prevention or monitoring & evaluation differ. The MBN evaluation report underlines the necessity of increasing the competence of the CFAs. The reports explain how there may be a lack of competence amongst some officers due to various reasons. *“...Dialogue with counterparts on HIV/AIDS issues becomes difficult or remains superficial in the event of a monitoring visit”*. Within the interviews it was also noted that some officers are not aware of the existence of effective prevention programmes, or are less experienced with monitoring and evaluation processes.

If the project officer cannot be responsible for ensuring the quality of programmes, due to a lack of capacities or a lack of time and funding, then it is up to the counterparts to insure quality. However, it is explained within the interviews that counterparts can be very passive. *“Organisations in the South hardly visit each other, only when we arrange it. They do not do it by themselves.”* It is understandable that project officers cannot be aware of all effective prevention programmes. However, perhaps some capacity building is needed to increase knowledge on basic project development aspects, as addressed within this report. Furthermore, an active attitude of counterparts towards collaboration and therefore the creation of learning possibilities can be expected. This would need attention within future steps.

### **In conclusion**

The opinions on directing counterparts and also the capacities of the programme officers differ. We would advise to review and discuss the position of the donor. To ensure the quality of prevention programmes, the responsibilities needs to be clear. In the above it is explained that also the capacities of project officers of the donor organisations need to be increased. Furthermore, the attitude of counterparts towards collaboration and learning possibilities should be greater or stay positive.

## 4 Conclusion and recommendations

This study was conducted in order to gain a deeper understanding on *how to increase the quality of HIV prevention programs*. In this chapter we describe our conclusions and first recommendations for a development project on prevention of HIV. We start with the conclusion of the previous analysis, after this we continue with recommendations for activities. Of course these recommendation can and will change after consulting the SAN! partners and visiting a selected group of counterparts. The chapter ends with a schematic reflection of the conclusion and recommendations. In the appendix we have added summaries of effective prevention projects.

### 4.1 Conclusion; consistency within development of projects

Within the analysis it becomes clear that the quality of the prevention programmes differs. There are many good examples of effective projects on HIV prevention done by the counterparts. However, still many organisations also struggle with: involving other organisations within the project; focusing on participation of target groups; development of objectives; integrating gender issues; and using effective methods or monitoring and evaluation. Our main conclusion is that in order to increase the quality of prevention programmes we need consistency in the development and implementation of programmes. Below a summing up of our conclusions and advice:

- **Target group**

Regardless of the epidemic scenario, prevention programmes need to focus on women, young people and people living with HIV and AIDS. Furthermore, there needs to be a focus on at-risk groups, such as sex workers, drug users, refugees, prisoners and men having sex with men. Within low and concentrated scenarios the latter is even more important. Within generalised, high generalised and catastrophe epidemic scenarios, special attention needs to go to the general public. The selected projects for this study can only give an indication, and we cannot draw conclusions about the current focus of all prevention programmes of the SAN! partners.

- **Issue**

Stigma and discrimination need to have priority, regardless of the differences within epidemic scenarios. Within low and concentrated areas the importance of STI treatment needs to be emphasised. Within areas with a high HIV prevalence, affecting the general public, the advice is to emphasise nationwide promotion of behaviour change, including condom use, delayed sexual debut, and partner limitation, together with stigma and discrimination and gender equality. Also expanded access to HIV counselling and testing, and collaboration with sexual reproductive health services are important.

- **Collaboration; involving and participation of others**

We have described the importance of involvement and participation of target groups and relevant organisations. We have described how this is the case at different levels and within different phases within a project. How organisations deal with the principle of involvement and participation depends on: capacities within organisations; number of target groups one tries to reach; area where organisations are situated; and willingness to collaborate. For a future development project we would therefore advise to emphasise aspects related to collaboration between organisations. Special attention is needed towards collaboration with faith based organisations, with organisations in isolated areas and between integrated AIDS work and organisations who mainstream HIV and AIDS. Last but not least, it is important to collaborate and involve sexual reproductive health services within programme development and implementation. Sexual and reproductive health initiatives and HIV/AIDS initiatives should be mutually reinforcing.

- **Analysing situation and needs of target group**

It is crucial for programme developers to know their epidemic. Countries with a high HIV prevalence (generalised epidemics) need a different approach than programmes within countries where low levels of HIV

prevalence exist. Before developing a programme it is therefore highly important to start off with a situation and needs assessment. The quality of these assessments differs from each other. This phase within project development needs a lot of attention. An increase in capacity is needed, and perhaps also more assistance from the donor organisations is advisable.

- **Clear formulation of objectives**

The formulation of objectives is very important, not only for evaluation purposes, but also for the decision in regard to which method to use as part of the next steps of the development of a project. This is not consistently done within the different projects. It has been explained that within the formulation of objectives there are sometimes steps missing. Objectives are formulated in a way it is not possible to evaluate them, and there is a gap between theory and practice. It is furthermore mentioned that sometimes donors do not have enough time to assist counterparts with the development of their proposal. Perhaps donor organisations need to invest more time in the development phase of project proposals and assist the counterparts with this. We can give the same recommendations for this aspect: capacity building and perhaps more assistance from the donor organisations.

- **Using effective methods**

Besides the fact that HIV prevalence is still increasing in many countries, there are effective methods that do prevent people from becoming infected with HIV. We can say that there are effective methods being used, however their use is not consistent. Most project officers explain how there is a lack of quality within prevention programmes due to lack of knowledge, materials or monitoring methods. For a future development project we would like to advise an increase in communication about these best practices, and ensure the use of these programmes within existing projects.

- **Upscaling of effective projects**

Besides using effective methods, we would also like to emphasise the importance of upscaling. We now know what is effective; we would like as many people as possible to benefit from this knowledge. Upscaling projects needs funding, collaboration on different levels, endorsement of governments, and monitoring skills and capacity. Integrating HIV prevention within organisations that have a different core business, such as reproductive health services, can contribute in upscaling the coverage of HIV prevention. The challenge is to maintain quality within these externally mainstreamed HIV programmes.

- **Documenting gender activities**

Gender has been high on the agenda of all SAN! partners, however, gender issue activities are not always documented. Documenting activities can help us to understand what is effective and what is not. Therefore, in future projects we would like to emphasise the importance of documenting gender specific activities.

- **Involving men and boys**

Often women and girls are target groups of prevention projects, however, one of the bigger challenge is to involve men and boys within prevention and gender relations. There are already some effective projects being implemented. Communication about these results need to be increased so others can learn from these activities.

- **Monitoring and evaluation activities**

It can be mentioned that M&E activities are not done in a consistent manner. Many organisations seem to struggle with these aspects. Besides capacity building activities, also a 'simple' tool can be useful to assist counterparts with their own monitoring and evaluation.

- **Donor**

A discussion about the views and way of work of donor organisations in relation to their counterparts needs to take place. Differences within organisations and between organisation have become clear. We suggest addressing the creation of ownership, capacity building and interference within programme development.

## 4.2 Recommendations

In conclusion we can say that in order to make a difference within HIV prevention programmes, the following 4 main elements need to be considered and can be addressed within a new development project.

- **Stimulation of collaboration between organisations.**

We make a distinction between 4 kinds of collaboration. There is collaboration with specific HIV/AIDS organisations and faith based organisations, organisations in isolated areas, sexual reproductive health services or with more general organisations that externally mainstream HIV and AIDS.

- **Capacity building of counterparts on project development.**

Based on intervention mapping we have identified several areas where counterparts could gain more knowledge. The following areas: participation and involvement of target group; development of a solid situation and needs assessment (focus on target groups and important issues such as stigma and discrimination); formulation of objectives; monitoring and evaluation and networking skills (increases collaboration).

- **Using effective methods.**

To increase the quality of existing programmes we need to make more use of existing effective methods. Special attention needs to be given to effective methods and the involvement of men and boys. It is recommended to develop a new communications method and move away from written documentation. For example, more attention can be given to the exchange of experience by visiting projects or perhaps using videos or other communication tools.

- **Upscaling prevention projects.**

Besides the focus on quality we need to focus on upscaling and using effective methods within upscaling. Collaboration with sexual reproductive health services and generalist organisations willing to externally mainstream HIV and AIDS strongly contributes to the upscaling process. A challenge will be how to maintain and monitor the quality within upscaling process. The following are needed: monitoring systems; increased funding; endorsement of government; and all of the above described elements.

## 4.3 Recommended activities

Based on the outcomes of the report we would like to recommend activities on capacity building, development of tools, research, communication methods and discussions. We explain them below.

### Capacity building

Within several areas it is mentioned that a lack of capacity exists. Therefore we recommend several capacity building activities in order to increase:

- networking skills
- knowledge and skills on formulation objectives
- knowledge on effective methods (north and south)
- skills on implementing effective methods
- documenting skills on Gender activities
- knowledge and skills on M&E
- Internal mainstreaming HIV

### Tools development

Described is how the development of some tools would be advised. The following have been mentioned:

- Development of a tool which assists projects that want to mainstream HIV in programs. If these organisations have reasons not to collaborate with HIV specific organisations, they do need a certain capacity to implement HIV prevention programmes to ensure the quality of such a programme. A simple

tool could assist with the development or implementation for external mainstreaming HIV, but it does not yet exist.

- It is emphasised that a lack of knowledge exists, and no simple tool would be available for organisations to develop objectives on a structured way. The same accounts for monitoring and evaluation.
- Use of effective prevention programmes and upscaling them can present a problem with monitoring. We suggest to develop a simple monitoring tool to monitor the quality of the upscaling phase.

#### **Research**

- Understanding difficulties & challenges: advice on how to positively increase collaboration
- Quantitative research for monitoring purposes of upscaling process

#### **New communication / innovative methods**

- Develop new methods to increase knowledge and use of effective methods. Exchange programmes/ videos/radio

#### **Discussion**

- Discussion on a political level which questions mainstreaming HIV or gender
- Position of the donor: More time is needed for supporting counterparts on development of proposals, with regard to formulating objectives and M&E purposes

#### 4.4 Schematic reflection

Aspects of programme	Issues & challenges	Issues & challenges	Issues & challenges
<b>Background</b>	Long term investment needed	Wide spread acknowledgement of effects of Prevention	
<b>General</b>	Strategy: Know your epidemic: Focus on target group - Overall focus on: women, youth PLWH - Concentrated Epi: also High risk - Generalized <: high risk, general public	Strategy: Know your epidemic: Focus on issues Overall: Stigma and discrimination/ HIV counselling - Concentrated: also STI testing Generalized<: behaviour change, condom promotion etc	Strategy: project strategy: Increased attention towards quality of external mainstreaming HIV
<b>ADVICE</b>	Awareness on epidemic differences	Tool: Implementing External mainstreaming HIV Increase collaboration with others	
<b>1. Involvement and participation</b>	Capacities/ competition - success of networking depends on 1 person - feelings of competition prevents collaborations	Different target groups - targeting too many groups due to area on is situated in	Projects in Isolated area's - causes lack of experience, difficult to find others to work with
<b>ADVICE</b>	Faith based organisations: - Lack of collaboration: lack of capacity within faith based/ church leaders - different messages within 1 area - focus on possibilities of faith based - move beyond condom discussion	Quality of external mainstreaming - due to lack of experience and lack of collaboration	
<b>ADVICE</b>	Capacity building - Networking skills - In isolated area's - For organisations with other focus then HIV (external mainstreaming purposes)	Increase Collaboration - Understanding difficulties & challenges: advice on how to positively increase collaboration - collaboration with Faith based - Collaboration in isolated area's	
<b>2. Situation and needs assessment</b>	Capacities - lack of capacities - lack of collaboration?		
<b>ADVICE</b>	Recognition of importance of situation analysis: - know your epidemic/ involving culture	Capacity building	
<b>3. Objectives</b>	Steps missing	Not for evaluation purposes	Gab between theory and

<b>ADVICE</b>	- Lack of capacity - difficult process - lack of simple tools	- lack of quality of formulation objectives	practice
	Capacity building - increase knowledge and skills on formulation objectives	Tool - develop 'simple' tool on formulation of objectives	Assisting counterparts - More time available for supporting counterparts
<b>4. Using theory and effective Methods</b>	Lack of knowledge on effective methods(best practices) - within the south - with SAN partners - project officers are generalists - lack of willingness to collaborate	Availability materials? - often only in English - difficulty with downloads - not a reading culture, materials (best practices) often only available as text	Quality upscaling - from 40 to 1000-> new challenge, lack of experience - lack of follow-up
	Increase capacity - Increase knowledge on effective methods (north and south) - increase skills on implementing effective methods	New communication methods - Develop new methods to increase knowledge and use of effective methods (exchange programmes/ video's?)	Monitoring quality within upscaling programmes - Develop simple monitoring tool to monitor upscaling - Quantitative research for monitoring purposes
<b>5. Gender</b>	Many Mainstreaming activities - too many aspects to mainstream - problem of excluding org who lack 'business-style' skills	Lack of documenting activities - Not all is documented, therefore not possible to see what is actually done	Addressing men and boys - More attention to men within gender issues.
	Mainstreaming gender or HIV Mainstreaming HIV within poverty and gender projects. problem of capacity: collaboration needed		
	Capacity building - Increase documenting skills	Effective methods on addressing men - Increase communication on effective projects	Discussion on political level on questions mainstreaming HIV or gender
<b>6. Monitoring and evaluation</b>	Poor baseline - lack of capacity in south - lack of support from donor: due to lack of time/ finance	Attention towards quantitative instead of qualitative indicators	Lack of qualified personnel
	Capacity building - increase knowledge and skills on M&E	Tool - Develop 'simple' tool for monitoring and evaluation purposes	
<b>7. Role donor</b>	Ownership? Through: less interfering Increase quality Through: more interfering  - Lack of time/ finance of donor	Responsibility? - Being generalists - Increase capacity donor - Increase positive attitude counterparts	

## Literature

Bartholomeeussen, S., Phlix, G., Aantjes, C., Welffens, L. (2006) CFP evaluation series 2003-2006; no 5. MBN HIV/AIDS Evaluation. Synthesis Report of Dutch CFA Programme Evaluation.

Bartholomew, L.K., Parcel, G.S., Kok, G. & Gottlieb, N. (2001) Intervention Mapping; A process for designing theory- and evidence-based health education programs. Mountain View, Mayfield.

Holden, S.(2003) Aids on the agenda, adapting development and humanitarian programmes to meet the challenge of HIV/AIDS. Eynsham, UK

Kirby, D., Laris, B.A., & Rolleri, L. (2006). The Impact of Sex and HIV Education Programs in Schools and Communities on Sexual Behaviors Among Young Adults. Research Triangle Park, NC: Family Health International.

UNAIDS (2007), Practical Guidelines for intensifying HIV prevention; Towards universal access. Geneva, Zwitserland

UNAIDS (2005) Intensifying HIV prevention, policy paper. Geneva, Zwitserland.

STOP AIDS NOW! aims to expand and improve the Dutch contribution to the global fight against AIDS. In STOP AIDS NOW! five organizations, Aids Fonds, Hivos, ICCO, Memisa (Cordaid), and Novib have joined forces.

STOP AIDS NOW! aims to:

- \* Raise funds in order to contribute to more AIDS projects in developing countries.
- \* Obtain political and public support for the battle against AIDS, both nationally and internationally.
- \* Innovate or redefine existing strategies and to establish new forms of cooperation in order to improve the response to HIV/AIDS and to meet the needs of people affected by HIV/AIDS

